

## Section 35 Commitment Assessment

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Women's Addiction Treatment Center (WATC) – Phone: 774-628-1000 Fax: 774-628-1099  
Massachusetts Alcohol and Substance Abuse Center (MASAC) – Phone: 508- 279-3500 Fax: 508-279-3560

DATE:

PATIENT INFORMATION						REFERRAL SOURCE				
Name						Court			Judge	
Address						Clinician			Pager #	
City / State						Petitioner			Relationship	
SS#		DOB		Age		Criminal Charges (Y, N)			Type	
Insurance			Marital Status			Bail (Y, N, Unk)			Amount	

CONTACT INFORMATION			
Emergency Contact			Telephone
Relationship			
DMH DMR Case Manager			Telephone
Physician / Psychiatrist			Telephone

REASON for PETITION

SUBSTANCE ABUSE				
Substance	Age First Used	Pattern of Current Use	Amount	Last Used
Alcohol				
Heroin / Opiate				
Cocaine / Crack				
Benzodiazepine				
Other				
Comments (reliability, source of information, etc)				

PREVIOUS SUBSTANCE ABUSE TREATMENT	
Outpatient Treatment	
Inpatient Treatment	
Comment	

<b>Client Name</b>	
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CURRENT MEDICAL / MENTAL HEALTH							
<b>Pregnant (Y, N)</b>		<b>Allergies (Y, N, Unk)</b>		<b>Suicidal Ideation (Y, N)</b>		<b>Homicidal Ideation (Y, N)</b>	
<b>Methadone (Y, N)</b>		<b>Last Dose</b>		<b>Assaultive Behavior (Y, N)</b>		<b>Self Injurious (Y, N)</b>	
<b>Medical / Mental Health Issues</b>							
<b>Medications</b>							
<b>Medications with Client (Y, N)</b>		<b>Psychiatric Diagnosis</b>					

PREVIOUS MENTAL HEALTH TREATMENT	
<b>Outpatient</b>	
<b>Inpatient</b>	
<b>Comment</b>	

LIMITS OF CONFIDENTIALITY

SOURCES OF INFORMATION

<b>Client Name</b>	
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<b>MENTAL STATUS EVALUATION</b>			
<b>ADDITIONAL PERTINENT HISTORY</b>			
<b>RISK FACTORS TO MEET COMMITMENT CRITERIA</b>			
<b>OPINIONS / RECOMMENDATIONS</b>			
<b>DISPOSITION</b>			
<b>Examiner</b>		<b>DATE</b>	

<b>Court requests notification of discharge date (Y, N)</b>			
<b>Person to be Contacted</b>		<b>Phone Number</b>	